Registration#____ AFFIDAVIT for REGISTRATION AMENDMENT Reviewed by Amend Date State of North Carolina in the County of _____ I, the undersigned _____ owner of (Print your name) ___, being duly sworn do verify (Print name of Tanning Facility on Registration) or affirm the following: As of the _____ I changed the status of my current tanning registration. (Month/Day/Year) Please check and/or completely fill out as applicable: I currently own **ONE** tanning unit **exclusively** for my **personal use**, as evidence by the fact that I do not possess any tanning equipment in any area of my business (or, if my business is in my home, in any area of my home) accessible to my employees or any member of the general public. I currently have _____ (# of tanning units) stored for resale and/or _____ (# of 2. tanning units) for parts only (non-operational) or ____ (# of tanning units) junked. 3. I sold, gave, or exchanged _____ (# of tanning units) tanning units to the **Business** (s) _____ or **individual**(s) _____ or **personal use**____ listed below: (Print name of person or business receiving equipment) (Complete mailing address) (City, State, Zip Code) (Phone Number) I have personally completed the statement above and attest to its veracity, and I hereby request my registration to be amended. To amend your registration, the application must be completed and signed on the reverse side. (Signature of owner) (Date) NOTARY STATEMENT _____, appeared before me this the ____ day of _____, (Print your name) ____, was duly sworn and made this statement. I, ____

am a Notary Public commissioned in ______ County, North Carolina.

OFFICE USE ONLY

My commission expires: ______.

AMENDMENT FORM COMPLETE THIS SIDE FOR MAKING ANY CHANGES TO YOUR REGISTRATION

FOR TANNING EQUIPMENT ADDED TO FACILITY REGISTRATION

REGISTRATION OF "TANNING FACILITIES" IS REQUIRED BY RULE 10A NCAC 15 .1405. THE REGISTRANT SHALL NOTIFY THE AGENCY BEFORE MAKING ANY CHANGE WHICH WOULD RENDER INFORMATION CONTAINED IN THIS APPLICATION NO LONGER ACCURATE.

	I	Registration Numbe	<u> </u>				
<u>PHYSIC</u> A	AL ADDRESS:	(Where the tanning equipm	nent is located). Pleas	se list you	r equipmen	t below &	sign.
Facility Name: Owner's Name:		Phone Number: () Fax Number: ()					
Facility Address:	E-mail:						
City Mailing Address: _	County State: Zip Code + 4 City State: Zip Code + 4						
		*** Use Additional F	Paper if Necessary **	:*			
BED/BOOTH NAME	MODEL#	SERIAL#	DATE Manufactured	BED	воотн	FACIAL	# of UNITS
	1						
						L	
			SUM TOTAL of All UNITS Listed				

SIGNATURE OF REGISTRANT______DATE

PURSUANT TO 10A NCAC 15 .1405(d), THE APPLICANT CERTIFIES THAT SHE/HE HAS READ AND UNDERSTANDS THE REQUIREMENTS OF THE RULES CONTAINED IN 10A NCAC 15 .1400, AND THAT ALL INFORMATIN CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF

Radiation Protection Section –W. Lee Cox III, Chief 1645 Mail Service Center, Raleigh, North Carolina 27699-1645 Phone: 919-814-2250 \ Internet: www.ncradiation.net

HER/HIS KNOWLEDGE.